

TB Times

Shirley Fannin, M.D.
Director, Disease Control Programs

Paul T. Davidson, M.D.
Director, Tuberculosis Control Program

April 2000

Volume 12 Number 4

Report From C.T.C.A.

The California Tuberculosis Controllers Association (CTCA) held its 31st biannual conference April 6-7, 2000 in Millbrae, California. The conference entitled, TB Tool Kit - Using Program Evaluation and Priority Setting to Improve TB Control, was attended by 375 public health and private sector representatives, including eight L.A. County TB Control Program staff. The conference provided an important opportunity to learn about developing performance standards and implementing quality assurance measures. Throughout the conference, speakers focused on a recurring theme: to improve public health programs and their outcomes, health agencies must improve how data is collected, analyzed and translated into action. Failure to systematically implement evaluation programs, as many speakers expressed, can result in missteps and potentially ineffective and expensive misallocation of resources.

Fortunately, many examples were provided at the conference to illustrate how local health jurisdictions can address information gaps, improve data assessment, and promote programmatic and resource prioritization. Los Angeles County staff actively participated in the conference, sharing information about the local situation at the conference's poster session, by presenting and moderating at the breakout sections, and by giving special seminars. For more detail about Los Angeles County TB Control staff contributions, please refer to the abstract on page 3.

The conference commenced with a keynote address by Dr. Bud Nicola of the Centers for Disease Control and Prevention (CDC) Public Health Practice Program. Dr. Nicola reviewed a national effort to develop public health performance standards by describing his pilot program's partnership effort with national and state public health organizations to improve the public health delivery system. The Public Health Practice Program has focused on three areas: quality, accountability, and science. The Program's goal is to improve how performance expectations are set and measured, provide fiscal accountability, and to improve the knowledge base regarding effective and ineffective strategies in public health. An underlying message in Dr. Nicola's presentation was "what gets measured gets done." This theme of measurement and evaluation, along with concrete examples, was echoed throughout the conference.

Conferences

TB Conferences on the first Friday of the month are held in the Andrew Norman Hall of Orthopaedic Hospital, located at Adams Blvd. & Flower Street. The Physician Case Presentations on the third Friday of the month are held at the TB Control Program Office, Room 506A.

May 5, 2000 Current Issues in Tuberculosis "Annual Epidemiology Update"

Laura Knowles, TBC Epidemiologist
9:00 a.m. - 10:15 a.m.

Orthopaedic Hospital - Andrew Norman Hall

May 5, 2000 TB Case Presentations

Hanh Quoc Le, M.D.
10:30 a.m. - 12:00 p.m.

Orthopaedic Hospital - Andrew Norman Hall

May 19, 2000 TB Planning Council Meeting

9:00 a.m. - 11:30 a.m.

Orthopaedic Hospital - Crowe Room

(TB Case Presentations Cancelled on 5/19/00 due to Planning Council)

May 23, 2000 Mantoux Training Class

9:00 a.m. - 12:00 p.m.

TB Control Program - Room 506A

Dr. Nicola emphasized that performance standards should not be about setting the bar at the least common denominator, but rather, promoting the highest goals possible and then utilizing information and data to move towards those standards. This will occur if data is used to set benchmarks and if the evaluation process is followed by
cont'd on Page 2

"Those who have the political right to select and dismiss health officials should also be given an intelligent right to do so".

Rankin, 1915

(quote provided by Dr. Nicola).

Dr. Nicola's presentation was followed by an update from Dr. Sarah Royce, the State TB Controller, on the California TB situation. Dr. Royce also spoke on the issue of evaluation and succinctly focused attention on how local health jurisdictions can benefit from establishing and implementing their own indicator programs through directed and structured assessment. Dr. Royce recommended that overall evaluations could be utilized to answer the following four core questions:

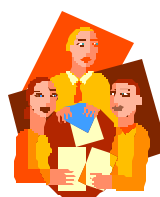
- 1) Are we doing the right things? – For example, are TB Programs having positive outcomes such as decreased case rates? (an outcome indicator)
- 2) Are we doing things right? For instance, are high-risk patients on DOT? (a process indicator)
- 3) Do we have the right stuff? Such as, do TB programs have sufficient staffing capacity to accomplish their goals? (a structural indicator)
- 4) Are the wrong things happening? - Are MDR cases increasing? (an important sentinel event)

Dr. Royce continued her presentation with a detailed review of Statewide TB epidemiological and financial data. She stressed that while many positive improvements have occurred - such as the seventy-one (71) percent of cases completing therapy in less than twelve months, and having fifty-nine (59) percent of patients with substance abuse, homelessness or incarceration on DOT therapy - these potential crises warrant concern. For instance, the decrease in total cases may threaten funding levels which could impact vital public health infrastructure and the clinical quality of TB care. On a positive note, Dr. Royce offered that a decreasing case burden could alternatively provide a unique opportunity for local health jurisdictions to focus on TB elimination and to target control efforts.

Returning to the theme of program evaluation and analysis, Dr. Royce stressed that collecting indicators will also be an important tool to advocate for resources and to educate policy-makers. She provided an example using data to explain the risks of a low rate of therapy completion for latent infection among contacts. Namely, the consequence of having forty-eight (48) percent of contacts not complete therapy statewide has resulted in 250 excess cases of active TB per year for California. Seven (7) percent of the State's cases could have been prevented along with \$6 million in treatment costs, compared to \$400,000 if these cases had been prevented, not to mention the risk of continuing the transmission cycle. An effective evaluation system could detect this as a problem, allowing any necessary programmatic and policy responses.

The bottom line of Dr. Nicola's and Dr. Royce's presentations is that to direct good TB policy and improve TB programs requires oversight along with a system of data collection and evaluation. Many other examples were provided at this two-day event, more than can be adequately reported in this article. However, moving forward with elimination goals requires skillful application of the right analytical and clinical tools. Fortunately, conference attendees were provided with many demonstrations on the array of tools that are at our disposal. It is expected that many of the new tools as well as personal contacts will be utilized to foster and strengthen local TB control efforts.

David Berger
Program Manager



TB Control Program Staff Participate in Spring 2000 C.T.C.A. Conference

Rita Bagby, P.H.N., Assistant Program Specialist, was among several TB Control Program staff who participated in the April 6th and 7th C.T.C.A. Conference by conducting a breakout and poster session. She shares the following remarks:

"During the Spring California TB Controller's Association meeting this month, I was able to participate in two activities. My partner, Nancy Montoya and I presented a poster entitled "Review of Unapproved Hospital Discharges". Our poster highlighted a Los Angeles County procedure for sending letters to the Chief Executive Officers of private hospitals when patients are discharged without appropriate TB Control approval. We were able to show how the top five reporting hospitals actually demonstrated improvement in compliance with the legal requirement to report and receive written approval of a discharge care plan for all hospitalized TB Cases and Suspects. (Editor's note: a complete abstract of the poster session follows Rita's article.)

I was also able to work with Sam Stebbins of San Mateo, Bob Benjamin of Alameda, and Claudia Jonah of Kern county on a breakout session entitled "Oversight of Care Provided Outside the TB Control Program". Dr. Benjamin discussed the role of epidemiology in oversight of the private provider while Dr. Jonah discussed the role of education. Both doctors gave examples of how their counties provide oversight of patients who are medically managed by private providers.

I gave an overview of two of the tools Los Angeles County uses to assist in enforcing the legal responsibilities of private providers caring for some of our Tuberculosis patients. I specifically discussed the procedure for sending letters to hospital CEOs when tuberculosis patients are discharged without TB Control approval. Our procedure for citation and fine of providers who do not comply with reporting laws also was presented. Emphasis was placed on careful use of these tools to encourage cooperation with the law and collaboration between the private provider and public health.

It was fun; I have to admit that. CTCA always offers a great opportunity to network and trade ideas. I also got to meet the folks I talk with on the phone which helps bolster working relationships with other jurisdictions".

Abstract:

"Review of Unapproved Hospital Discharges of Tuberculosis Cases and Suspects"

Authors: Bagby, R, PHN, Montoya, N, PHN, Lewis, B, PHN, Ashkar, B, RN, MSN, Nitta, A. MD
 Presenter: Rita Bagby, PHN

Background: California Health and Safety Code (HSC) Sections 121361 and 121362 obligates health facilities to notify and receive approval of written treatment plans for all non-acute transfers and discharges of active and suspected tuberculosis cases.

Problem: Los Angeles County covers over 4,000 square miles and is home to 9.5 million residents. Over 115 non-county hospitals operate within this geographic area. Between March 1, 1999 and January 1, 2000, 505 patients who met the criteria for TB cases or suspects were discharged from non-county hospitals. Between March 1, 1999 and September 1, 1999, 40 patients were discharged without health department approval and therefore in violation of HSC 121361 (the Gotch Bill).

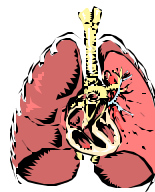
Methods: In order to improve collaboration between non-County hospitals and the health department, a system to identify violations was developed. Starting March 1, 1999, weekly reviews of hospitalized patients began. As of September 1, 1999, if a tuberculosis case or suspect was discharged without health department approval, a letter specifying the patient's name and date of birth, dates of admissions and discharge, and information on requirements of HSC 121361 is sent to the hospital's chief executive officer (CEO) with attached informational documents. A copy of the letter is sent to Health Facilities

Division, a regulatory agency. A similar letter is sent to the hospital's CEO and Health Facilities Division for subsequent violations.

Findings: Between September 1, 1999 and January 1, 2000, 16 facilities received letters informing them of a violation of HSC 121361. Of these 16 facilities, five received a second letter. Six CEOs sent written responses stating they plan to revise procedures to prevent unapproved discharges.

Conclusion: A county health department can collaborate with hospitals to ensure post-discharge follow-up, and prevent violations of HSC 121361. Prompt notification of the violation serves to educate as well as motivate quick corrective action to prevent further violations

Rita Bagby, P.H.N.



Note From Our Public Health Laboratory

The emergence of *M. tuberculosis*, increasing numbers of multiply resistant *M. tuberculosis*, and increasing numbers of infections caused by mycobacteria other than *M. tuberculosis* (MOTT) have prompted the use of more rapid methods to cultivate and identify acid-fast bacilli. For the rapid detection and identification of acid-fast bacilli, CDC recommends the use of fluorescent microscopy for specimen smears, liquid medium for the more rapid recovery of acid fast bacilli, and the use of nucleic acid probes or high pressure liquid chromatography (HPLC) for identification. All of CDC's recommendations are followed at Los Angeles County's Public Health Laboratory (LACPHL).

Fluorescent microscopy is used to screen all specimens with results available within 24 hours. Mycobacteria Growth Indicator Tube, Bactec, and/or MB/BacT liquid media are used in conjunction with traditional solid media for the quicker recovery of acid-fast bacilli. The time to detection for *M. tuberculosis* complex using liquid media ranges between 4-20 days for smear positive specimens or 5-46 days for smear negative specimens. Whereas, the time to detection for *M. tuberculosis* complex on solid media ranges between 9-49 days for smear positive specimens and 17-47 days for smear negative specimens. Time to detection for *Mycobacterium avium* complex is 2-17 days in liquid medium and 8-54 days on solid medium. Non-tuberculosis mycobacteria can be detected in liquid broth within 2-53 days and on solid medium within 8-54 days (Pfyffer). Identifications are performed by HPLC, with additional biochemical testing when

needed. Nucleic acid probes are performed when there is not enough biomass to perform HPLC for the identification of first time positive cultures.

Changes are being implemented at LACPHL in an effort to decrease turn around time and to get information to the clinicians in a more timely manner. When acid-fast bacilli are detected in liquid medium, a preliminary positive culture report will be faxed to the appropriate health center. Thus, the clinician can use this information in conjunction with other diagnostic data such as the patient's medical history, PPD skin test, and chest radiograph.

To reduce duplicate work, only one culture identification will be performed per patient per specimen source within a one-month period when microscopic and colonial morphology correspond to a previously identified isolate. All isolates will be saved up to three months in case further testing is needed. One susceptibility test will be performed every three months per patient per specimen source with the isolates being saved for further testing if needed. These measures should help to decrease turn around time and aid in getting information to the clinician sooner. If you have any questions or would like more information, please contact Dr. Andrea Linscott at (213) 989-7093 or alinscott@dhs.co.la.ca.us.

Pfiffer, G. E., et. al. 1997. Comparison of the Mycobacteria Growth Indicator Tube (MGIT) with Radiometric and Solid Culture for the Recovery of Acid-Fast Bacilli. J. Clin. Micro. 35:364-368.

"Using Computerized Data to Guide Program Planning"

This session at the April 2000 meeting of C.T.C.A. was moderated by Dr. Stephen Puentes. It illustrated three approaches by local health jurisdictions to guide program planning utilizing currently available information systems technology. Two breakout sessions were held on Thursday afternoon with over 90 participants in attendance.

Tony Paz, MD, TB Program Manager, San Francisco City, presented the highlights of their development of an information system code named "Oaxaca." He, along with Mr. Greg Woelffer, Information System Specialist, demonstrated a prototype system using MS Access that will allow improved data access, case surveillance, generation of CDC and State reports, as well as collection of data needed to generate the new CDC ARPE reports for contact investigation and treatment of LTBI. Expected completion and implementation of the Oaxaca system is planned for the

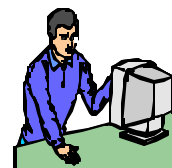
year 2000. Dr. Paz stressed the need for all TB Control Programs with information and database systems to cooperatively strive to standardize data collection, collaborate in systems development, and lobby the State and CDC for uniformity.

Mr. Subroto Banerje, Assistant Director and Epidemiologist, TB Control Program, Alameda County Public Health Department, presented and discussed "Computerized Data Analysis to Guide Program Planning". Alameda County has no public health clinics and relies solely upon local private providers to manage active TB cases. Their programmatic needs have been supported by various individually built and maintained database systems (spreadsheets, word processing programs, Epi-Info/TB-Info, SPSS/SAS, and Access). He suggested that having multiple systems complicated rather than simplified programmatic planning. Alameda County is working on the implementation of a data system that will act as a data repository for TB clinical and programmatic needs using available software (MS Access). He stressed the importance of having adequate programming resources to provide the support to develop such a data system.

Mr. Robert Cass, STOP TB Project Coordinator, San Diego County Department of Health and Human Services, presented his talk on the "San Diego TB Operating Platform (STOP TB)." Mr. Cass has developed a web-based client server information system to improve data accuracy for program analysis, increase access to patient information, and increase staff productivity utilizing currently available information system technology. Mr. Cass gave an overview of the development of the STOP TB system, discussing the key software components required: Windows NT operating platform, an MS SQL server, Visual Basic utilizing ActiveX Controls, and a report generator. Mr. Cass stressed that support of their platform required two full-time computer programmers and strong budgetary commitment from their program.

Discussion after the presentations reiterated the need to pool resources. It is hoped that with support from the State TB Control Branch, much more in the future can be accomplished, not only at the state/local level but also nationally. The time is now to take a lead in directing the development of standardized information data systems and enterprise development.

Stephen Puentes, M.D.



New ATS/CDC Guidelines Published

Two new articles are being published in the April issue of the American Journal of Respiratory and Critical Care Medicine on tuberculosis diagnosis and treatment of latent infection. The first report on "Diagnostic Standards and Classification of Tuberculosis in Adults and Children" is a joint statement prepared by the American Thoracic Society (ATS) and the Centers for Disease Control (CDC) and endorsed by the Infectious Disease Society of America. The second ATS/CDC statement provides treatment and testing guidelines for latent tuberculosis infection (LTBI).

The Diagnostic Standards are intended to provide a framework for and understanding of the diagnostic approaches to tuberculosis infection/disease and to present a classification scheme that facilitates management of all persons to whom diagnostic tests have been applied.

The specific objectives of this revision of the Diagnostic Standards are as follows:

1) To define diagnostic strategies for high and low-risk patient populations based on current knowledge of tuberculosis epidemiology and information on newer technologies.

2) To provide a classification scheme for tuberculosis that is based on pathogenesis. Definitions of tuberculosis disease and latent infection have been selected that (a) aid in an accurate diagnosis; (b) coincide with the appropriate response of the health care team, whether it be no response, treatment of latent infection, or treatment of disease; (c) provide the most useful information that correlates with the prognosis; (d) provide the necessary information for appropriate public health action; and (e) provide a uniform, functional, and practical means of reporting.

The Los Angeles County Tuberculosis Control Program (TBC) is currently reviewing the ATS/CDC recommendations to treat LTBI. Among the proposals, CDC has recommended nine months of daily isoniazid treatment as the preferred regimen for all adults with LTBI, regardless of whether the patient is coinfecting with the human immunodeficiency virus (HIV). This is a departure from the previously recommended regimens of isoniazid for 12 months for HIV-positive patients and for six months for HIV-negative patients. The new guidelines also include a shorter course alternative to isoniazid preventive therapy. A two-month regimen of rifampin and pyrazinamide is recommended for use in both HIV-positive and HIV-negative adults, based on recent

studies. TBC expects to issue a formal response to the guidelines for application in Los Angeles County by the end of June after consulting with a professional advisory group of local physicians and scientists and completing an internal review process.

Teamwork Averts Therapeutic Disaster

Why, oh why did she leave me? Such was my week-long lament, and it had nothing to do with romance. The lady in question was a sixty-two year old from South America. The medication I'd given her was well-justified but now I found it could do her in. Isoniazid was appropriate for an insulin-dependent diabetic infected with TB but after only a month of it, her AST shot up to 1,132 - liver in trouble!

An everyday problem - just call her and tell her to stop taking it. But she had no phone. OK, a nurse home visit. But what's this, she just gave a new address in another district? Well, that district knows me; I'm sure they'll help. Fine, the PHN makes a home visit but no one knows who lives in her alleged apartment.

Next I enlisted TB Control's ever resourceful Public Health Investigators. They got an address she had given to LAC + USC Medical Center recently. With the reverse phone directory, the number came through. I called it and spoke to the woman. No, my patient didn't live there and hadn't been seen in over a year. There were no responses to urgent messages left at the supposed home. One could only hope that the patient felt ill and remembered to stop the medication. My sleep was troubled by visions of necrotic liver cells. Would some federal agency have to be called in? Of this I took a jaundiced view.

One anxious week after the bad test, the patient showed up at my clinic feeling fine. "Medico," she said, "I got the nurse's note. I stopped your medication. But what right did my landlord have to open up the note? Now he wants to evict me!" She looked quizzically at my beaming smile.

"All's well that ends well," I said, quoting Guillermo Shakespeare. Special thanks go to staffers who went out of their way to look for this woman again and again: TB Control's Senior Public Health Investigator, Dan McGinley, Public Health Investigator Robert Rivera, Central Health Center's Acting Nurse Manager, Norina Cadena, Supervising Public Health Nurse, Brenda Lee, and Public Health Nurses Grace Escudero and Yeon Oh.

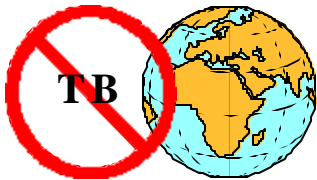
Anthony Saidy, M.D.
Hollywood-Wilshire Health Center

F.Y.I.

At the CTCA conference, **Dr. Sarah Royce** was honored as this year's recipient of the **Henry J. Renteln Award** for her support and achievements as State TB Controller. Dr. Stephen Puentes was elected in by the represented TB Controllers as the President elect. He served as the CTCA Secretary-Treasurer for 1999-2000.

TB Clinician Credentialing Examination

The TB Control Program will offer a TB Clinician Credentialing review course and examination in June. The one and a half day review course is scheduled for June 16 and 23, 2000 followed by an examination on the 23rd. Physicians who successfully pass the examination must be subsequently proctored in order to be fully credentialed. If you work in a public health clinic and require credentialing, please request an application form from David Berger, 213/744-6233. Completed applications are due no later than May 16, 2000.



World TB Day

*A Success In Los Angeles County,
March 24, 2000*

World TB Day encompassed a number of successful events this year in Los Angeles County. An eight-member planning committee comprised of TB Control staff was formed to develop strategies and activities for World TB Day. The committee began to meet weekly in early February and continued to meet through the week of March 24th. The group brain-stormed a number of ideas for organizing activities along with messages that stressed the importance of screening and diagnosis, and treatment of disease and latent TB infection (LTBI). The committee built upon the World Health Organization's theme "Forging New Partnerships to Fight Tuberculosis" by partnering with Los Angeles County's public health clinics, personal health centers, community based organizations, hospital TB liaisons and parish nurses of the Queen's Care Clinic of Los Angeles. The planning committee decided that TB Control would serve as a catalyst for other facilities to plan events of their own and would be available for technical support.

A Success in LA County, cont'd

TB Control Program staff distributed informational packets to partnering agencies to promote the day and encourage facilities to plan activities. The packets contained a cover letter introducing World TB Day, the California Tuberculosis Controllers Association (CTCA) World TB Day Fact Sheet, examples of 1999 World TB Day activities in other California jurisdictions, the Los Angeles County/TB Control Fact Sheet, a TB literature request form, and an intent to participate form.

The response from partnering agencies was positive. A total of ten "intent to participate" forms were returned to TB Control. The main events that took place on World TB Day were informational displays, TB educational presentations for professional and lay groups, and media activities. Ten facilities set up informational displays. The majority were set up at health centers, while some were set up at schools, shopping centers and libraries. Four agencies conducted TB presentations for professional and community audiences. Classes were presented to patients, ESL students, and a health advisory council. One health center organized a TB "awareness walk" through the busy streets of downtown Los Angeles to distribute TB literature, clinic referral handouts and incentive items.

The World TB Day planning committee also focused its efforts on planning media events by working with Los Angeles County/Department of Health Service's Office of Public Health Communications. A written press release and fact sheets were created and distributed to the media. In addition, TB Control organized an inservice for its own staff on how to respond to questions from various media sources.

A variety of media, including print press, television, and radio in several languages worked in cooperation with TB Control to broadcast the messages. A total of fourteen press and media events took place during the week of World TB Day. Nine radio interviews were broadcast in English, Spanish and Chinese languages. Four articles were published in English, Spanish and Korean newspapers, and one interview was televised on a Spanish TV news program.

Our thanks to all who made World TB Day such a great success. We look forward to more activities next year anticipating that additional agencies will work with our program to acknowledge and commemorate World TB Day.

Angela Salazar, M.P.H.
Health Educator

**Tuberculosis Cases by Health District
Los Angeles County, March 2000
(Provisional Data)**

Service Area	Service Area Total Year to Date	Health District	March 2000	March 1999	Year to Date 2000	Year to Date 1999
SPA 1	1	Antelope Valley	1	3	1	4
SPA 2	24	East Valley	2	6	4	10
		West Valley	6	4	13	9
		Glendale	1	2	5	7
		San Fernando	1	2	2	3
SPA 3	27	El Monte	7	6	10	11
		Foothill	2	3	3	4
		Alhambra	4	6	10	11
		Pomona	1	3	4	3
SPA 4	30	Hollywood	6	10	9	19
		Central	7	3	13	6
		Northeast	4	12	8	14
SPA 5	4	West	3	5	4	5
SPA 6	29	Compton	2	5	6	8
		South	2	4	6	5
		Southeast	3	2	5	2
		Southwest	5	6	12	11
SPA 7	17	Bellflower	1	1	4	7
		San Antonio	4	8	8	12
		Whittier	2	6	3	10
		East Los Angeles	0	5	2	7
SPA 8	17	Inglewood	2	6	7	10
		Harbor	1	2	1	2
		Torrance	5	3	9	4
	1	Unassigned	1	0	1	0
	150	TOTAL	73	113	150	184

**Table 1. TB Cases By Service Planning Area
Los Angeles County in 1999**

SERVICE PLANNING AREA	CASES	PERCENT
(1) ANTELOPE VALLEY	23	.97
(2) SAN FERNANDO	162	13.85
(3) SAN GABRIEL	190	16.24
(4) METRO	312	26.67
(5) WEST	42	3.59
(6) SOUTH	171	14.62
(7) EAST	149	12.74
(8) SOUTH BAY	106	9.06
UNKNOWN	15	1.28
TOTAL	1170	100.00

**Table 2. TB Cases By Health District
Los Angeles County in 1999**

HEALTH DISTRICT	CASES	PERCENT
ALHAMBRA	61	5.21
ANTELOPE VALLEY	23	1.97
BELLFLOWER	44	3.76
CENTRAL	135	11.54
COMPTON	38	3.25
EAST LOS ANGELES	29	2.48
EAST VALLEY	44	3.76
EL MONTE	69	5.90
FOOTHILL	27	2.31
GLENDALE	29	2.48
HARBOR	12	1.03
HOLLYWOOD	108	9.23
INGLEWOOD	50	4.27
NORTHEAST	69	5.90
POMONA	33	2.82
SAN ANTONIO	50	4.27
SAN FERNANDO	29	2.48
SOUTH	34	2.91
SOUTHEAST	28	2.39
SOUTHWEST	71	6.07
TORRANCE	44	3.76
UNKNOWN	15	1.28
WEST	42	3.59
WEST VALLEY	60	5.13
WHITTIER	26	2.22
TOTAL	1170	100.00



**COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES - PUBLIC HEALTH
TUBERCULOSIS CONTROL PROGRAM
2615 South Grand Avenue, Room 507
Los Angeles, California 90007
TEL: (213) 744-6160
FAX: (213) 749-0926**

**Friday, May 5, 2000
Current Issues in Tuberculosis
Orthopaedic Hospital - 2400 South Flower St.
Los Angeles, CA 90007**

8:30 - 9:00 a.m. Registration and Sign-In (Andrew Norman Hall)
9:00 - 10:00 a.m. **"Annual Epidemiology Update"**
Laura Knowles, Epidemiologist
10:00 - 10:15 a.m. Questions
10:15 - 10:30 a.m. Break
10:30 - 11:30 a.m. **TB Case Presentations/Discussions**
Hanh Quoc Le, M.D., Associate Medical Director, TB Control

**Friday, May 19, 2000
TB PLANNING COUNCIL MEETING
Orthopaedic Hospital - Crowe Room
9:00 a.m. - 11:30 a.m.**

(Physician Case Presentation and Journal Article Review is cancelled on 5/19/00)

Course Description: The May 5th conference will provide an overview of TB epidemiology trends in Los Angeles County during 1999 reporting year with emphasis on morbidity and mortality in the health districts and service planning areas. Difficult or complex cases will also be presented for audience review and discussion.

Target Audience: May 5: Physicians, Nurses, Radiologic Technologists, Health Educators, Community Workers, and Public Health Investigators

Credit: Participants arriving more than 15 minutes late for a one hour program or 30 minutes or more for a 2 hour program will not be granted a CME certificate.

Physicians: This is an activity offered by the County of Los Angeles Department of Health Services, Public Health, a CMA-accredited provider. Physicians attending this course may report up to two hours of Category 1 credit toward the California Medical Association's Certificate in Continuing Medical Education and the American Medical Association's Physician Recognition Award.

Nurses: CME credits are applicable toward license renewal for registered nurses by the Board of Registered Nursing as category one CME credits. (There is no CME provider number.)

Radiologic Technicians: Participants attending this program may report up to two hours of Category A continuing education credit to the American Society of Radiologic Technologists.

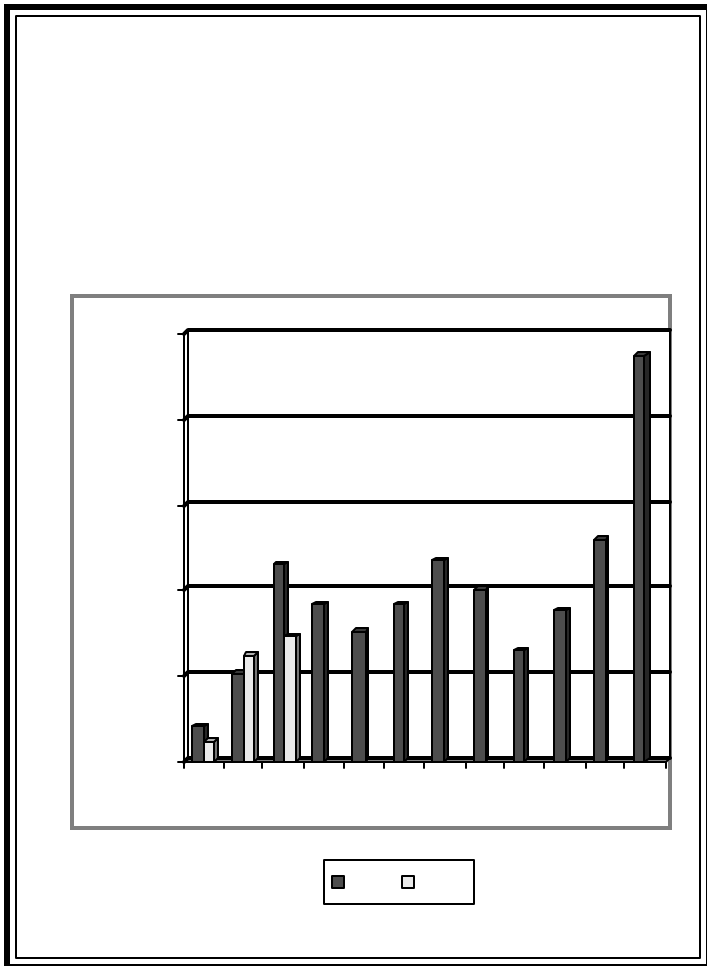
Educational Methods: Educational methods will include lecture, group discussions, case presentations, x-ray review, and question and answer sessions.

Educational Objectives

At the conclusion of this program, participants will be able to.....

1. Compare TB surveillance data of 1999 with that in previous years.
2. Identify the populations at greatest risk for TB in Los Angeles County.
3. Review chest x-ray changes in tuberculosis.
4. Apply the latest ATS/CDC recommendations regarding treatment.





TB Times Editorial Staff

Paul T. Davidson, M.D.

Bob Miodovski, M.P.H., Senior Health Educator

Shawn Sumida, Epidemiology Analyst

Farimah Fiali, Epidemiology Analyst

David Berger, Program Manager

Barbara Lewis, P.H.N. A.P.S.

Annie Luong, Secretary III

is a monthly publication providing information to those interested in TB surveillance and TB Control Program activities. Please forward your articles, comments, suggestions or address corrections to:

Tuberculosis Control Program
2615 S. Grand Ave., Rm. 507,
Los Angeles., CA. 90007
Attn: Bob Miodovski, M.P.H
Office: (213) 744-6229
Fax: (213) 749-0926

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TB Times

County of Los Angeles
Department of Health Services
Tuberculosis Control Program
2615 S. Grand Ave., Room 507
Los Angeles, CA 90007

April Topics of Interest...

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